PART B - FEE(S) TRANSMITTAL

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01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA			<i>F</i> / _	Bonny Rogers		(Depositor's name)	
			The same of the last of the la	Bony /2		(Signature)	
03 FC:8001	15.00 DA		HADEN	April 2	23, 2007	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		RNEY DOCKET NO	CONFIRMATION NO	
10/724,670	10/724,670 12/01/2003		Douglas E Lecrone	nglas E Lecrone EMS-07002		2395	
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APPIN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/29/2007	
EXAMINER ART UNIT			CLASS-SUBCLASS]			
SCHELL, JOSEPH O 2114			714-015000	•			
FR 1.363)	ence address or indicatio ondence address (or Cha 3/122) attached	·	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents If no name is listed, no name will be printed				
PLEASE NOTE: Unl	css an assignee is ident h in 37 CFR 3 11 Comp GNEE	ified below no assigned	(B) RESIDENCE: (CITY	atent. If an assignee is ic assignment	RY)	ocument has been filed for	
lease check the appropri	ate assignce category or	categories (will not be pr	rinted on the patent):	Individual A Corporati	on or other private gro	oup entity Government	
1. The following fee(s) a Issue Fee Publication Fee (N Advance Order - #	o small entity discount p		Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed Payment by credit card. Form PTO-2038 is attached Ithe Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0889 (enclose an extra copy of this form).				
a. Applicant claims	us (from status indicated SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMALL EN	IIIY status. See 37 Cl	FR 1.27(g)(2).	
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Authorized Signature	Jun.	WW(DateApr	ril 23, 2007		
I yped or printed name				Registration No.	33,978		
his collection of informa	tion is required by 37 C	FR 1.311. The information	on is required to obtain or r	etain a benefit by the publ	ic which is to file (and	by the USPTO to process)	

his 1 application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ibmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete is form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. ox 1450, Alexandria, Virginia 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, lexandria, Virginia 22313-1450

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Douglas E. LECRONE, et

Serial No.:

10/724,670

Filed:

December 1, 2003

For:

DATA RECOVERY FOR VIRTUAL

ORDERED WRITES FOR

MULTIPLE STORAGE DEVICES

Examiner:

SCHELL, Joseph O.

Art Unit:

2114

Atty. Docket:

EMS-07002

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I hereby certify that the foregoing document is being deposited with the United States Postal Service, postage prepaid, first class mail, in an envelope addressed to: MAIL STOP: ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 23, 2007.

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P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL OF ISSUE FEE

Sir:

In response to the Notice of Allowance dated February 27, 2007 for the above-referenced application, please charge the amount of \$1,715.00 for the issue fee, publication fee and 5 soft copies to Deposit Account No. 05-0889.

Although we believe that we have appropriately provided for any fees due in connection with this submission, the Commissioner is hereby authorized to credit any overpayment or charge any deficiencies to/from Deposit Account No. 05-0889. Two originally-executed copies of this form are being submitted.

Respectfully submitted,

MUIRHEAD AND SATURNEI

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Tel: (508) 898-8601 Fax: (508) 898-8602 Date: April 23, 2007